


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAR 10 AM 9:44

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LO2000015477

1. Limited Liability Company's Name
MOVERS INDEX LLC

2. Principal Office Address 1314 E. Las Olas Blvd.		3. Mailing Office Address 1314 E. Las Olas Blvd.	
Suite, Apt. #, etc. Suite 407		Suite, Apt. #, etc. Suite 407	
City & State Ft. Lauderdale		City & State Ft. Lauderdale	
Zip FL	Country 33301	Zip 33301	Country USA

CR2E041 (8/05)

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida **06/19/2002**

6. FEI Number **04-3694308**

Applied For	
Not Applicable	

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
GLOBAL CORPORATE SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)
7920 ROYAL LACE TERRACE

Suite, Apt. #, Etc.

City
LAKE WORTH

State
FL

Zip Code
33467

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent *Nancy B. Stewart, agent* Date **03/06/06**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MM	STUART ZUCKERMAN	347 N New River Unit 2811	Fort Lauderdale, FL 33301

04-06
100069059871
03/30/06--01054--012 **185.00

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager *Stuart Zuckerman* Date **03/06/06** Daytime Phone # **800-219-9359**

Typed or printed name of signing Managing Member/Manager **STUART ZUCKERMAN**



GLOBAL CORPORATE SERVICES, INC.
7920 Royal Lace Terrace * Lake Worth, FL 33467
e-mail address: info@delawarecorp.us
Internet address: <http://www.delawarecorp.us>

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DIVISION OF CORPORATIONS
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March 6, 2006

Registration Section
Department of State
Clifton Building
2662 Executive Center Circle
Tallahassee, FL 32301

To Whom It May Concern:

Enclosed please find the application for reinstatement of MOVERS INDEX LLC.

We never received notice of renewal so therefore request the waiver for the \$100.00 reinstatement fee.

Enclosed please find the following check for

- ☞ Filing Fees for Reinstatement Certificate
- ☞ Certified Copy of Certificate
- ☞ Certificate of Good Standing.

Also attached please find the Air Bill to return the document via Fed Ex.

Your prompt attention to this matter is appreciated.

Sincerely,

Phyllis Jacobs
President

Please return via Fed Ex

corporate address: One Commerce Center
1201 N. Orange Street Suite 723
Wilmington, DE 19801
(561) 968-6611 * fax (703) 995-0899